

NOTICE OF CONTROVERSY THIS IS A DENIAL OF YOUR BENEFITS

1. WCB FILE NUMBER (if known):

EMPLOYEE

2. EMPLOYEE LAST NAME:	3. FIRST NAME:	4. MI:	5. SOCIAL SECURITY NUMBER:	
6. STREET/P.O. BOX MAILING ADDRESS:	7. CITY:	8. STATE:	9. ZIP:	10. HOME PHONE NUMBER: ()
11. DATE OF INJURY: MM/DD/YYYY	12. SPECIFIC INJURY OR ILLNESS:		13. BODY PART(S) AFFECTED:	

EMPLOYER

14. INSURER FILE NUMBER:	15. EMPLOYER NAME:	16. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:
17. INSURER/TPA NAME:		18. INSURER/TPA MAILING ADDRESS:

NOTICE TO EMPLOYEE

YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW.
IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.

19a. PRIMARY REASON FOR DENIAL	19b. PAYMENT INFORMATION
(CHECK ONLY ONE)*: <input type="checkbox"/> LEGAL CAUSATION/COMPENSABILITY <input type="checkbox"/> MEDICAL TREATMENT/BILL REVIEW <input type="checkbox"/> BENEFIT AMOUNT IN DISPUTE <input type="checkbox"/> JURISDICTION <input type="checkbox"/> EXTENT OF INCAPACITY <input type="checkbox"/> NOTICE <input type="checkbox"/> STATUTE OF LIMITATIONS <input type="checkbox"/> COVERAGE	INDEMNITY (CHECK ONLY ONE): <input type="checkbox"/> BEING PAID <input type="checkbox"/> IN DISPUTE <input type="checkbox"/> DISPUTED BUT BEING PAID WITHOUT PREJUDICE <input type="checkbox"/> NOT APPLICABLE AT TIME OF FILING MEDICAL (CHECK ONLY ONE): <input type="checkbox"/> BEING PAID <input type="checkbox"/> IN DISPUTE <input type="checkbox"/> SPECIFIC TREATMENT IN DISPUTE <input type="checkbox"/> NOT APPLICABLE AT TIME OF FILING
20. DATE OF INCAPACITY MM/DD/YYYY DATE EMPLOYER NOTIFIED MM/DD/YYYY	

* NOTE: Checking only one box will not preclude a party from raising additional issues at a later date.

COMMENTS:

22. IS THIS DENIAL NOTICE TIMELY PURSUANT TO RULE 1.1? ☐ YES ☐ NO IF NO, FORM WCB-3, BOX 20C MUST BE COMPLETED AND ATTACHED.

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA
24 STONE ST.
AUGUSTA, ME
04330-5220
(207)287-2308 (Voice)
(207)287-6119 (TTY)
1-800-400-6854 (Voice)

BANGOR
106 HOGAN ROAD
BANGOR, ME
04401-5638
(207)941-4550
1-800-400-6856

CARIBOU
43 HATCH DRIVE
CARIBOU, ME
04736-2347
(207)498-6428
1-800-400-6855

LEWISTON
140 CANAL ST.
LEWISTON, ME
04240-7777
(207)783-5490
1-800-400-6857

PORTLAND
62 ELM ST.
PORTLAND, ME
04101-3061
(207)822-0840
1-800-400-6858

23. CLAIM HANDLER NAME (TYPE OR PRINT): E-MAIL ADDRESS:	24. TELEPHONE NUMBER: () TOLL FREE NUMBER: ()	25. DATE SENT TO WCB: ____/____/____ MM DD YYYY
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WCB-9 (10/98) The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities. This material can be made available in alternate formats by contacting your Department's ADA Coordinator.

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